

## Pastoral Compensation Input Sheet – 2010

(To be completed by the Pastor and sent to the District Office along with the Compensation Worksheet completed by the S/PPRC **ten working days** before Charge Conference)

1. Pastor's Name \_\_\_\_\_ Is Pastor Part of a Clergy Couple? \_\_\_\_\_
2. Pastor's Status (i.e. FE, FL, PL, LM, from appointment sheet at Annual Conference) \_\_\_\_\_  
 Appointment \_\_\_\_\_ District \_\_\_\_\_ Date of Conference \_\_\_\_\_
3. Pastor is serving (full-time or part-time, in quarter increments – 100, 75, 50, 25) \_\_\_\_\_%
4. Churches served and percentage of compensation paid by each. If the percentage for each church remains the same across all columns, simply enter the percentage under salary and draw a horizontal line across the columns.

Church	Salary	Health Flex	Pension (CRSP-CPP)	Other. Church- Paid Benefits/ Ins	Travel	Cont. Ed.	Prof. Reimb.	Housing Allow.	Parsonage Maint.
	%	%	%	%	%	%	%	%	%
	%	%	%	%	%	%	%	%	%
	%	%	%	%	%	%	%	%	%
	%	%	%	%	%	%	%	%	%
	%	%	%	%	%	%	%	%	%
<b>Percentage Totals</b> (Should total 100%)	%	%	%	%	%	%	%	%	%

5. **Compensation Figures (annual basis)** **Amount**
6. **Salary Items**
  - a. Gross (as set by S/PPRC) \_\_\_\_\_  
*(Gross must include Housing Exclusion [not Allowance] if there is one.)*  
*(Any compensation for utilities, Social Security, and Medicare must be included in Gross.)*
  - b. Mission Aid or Equitable Compensation Grant (total of all) \_\_\_\_\_  
*(describe \_\_\_\_\_)*
  - c. Voluntary Federal Income Tax Withholding \_\_\_\_\_
  - d. Other Allowable Reductions (describe \_\_\_\_\_ before/after tax) \_\_\_\_\_
7. **Health & HFSA Items**
  - a. Pastor's HealthFlex Premium Contribution, 15% \$ 2,290.00
  - b. HealthFlex premium contribution adjustment for clergy couple (indicate %) \_\_\_\_\_  
*(Clergy couples pay the HealthFlex premium contribution only once. The couple may choose how to split this between them, e.g. 50/50, 70/30, 100/0, etc.)*
  - c. Healthy Lifestyle Incentive (\$240 Individual, \$300 Couple) \_\_\_\_\_  
*To qualify for the Incentive, each insured (including non-clergy spouse) must:*  
*-Enroll in Virgin HealthMiles by October 31, 2009;*  
*-Complete online Health Quotient by October 31, 2009;*  
*-Completed the Wellness Screening at the 2009 Annual Conference **OR***  
*-Have your physician complete the Conference health form for annual physical by December 31, 2009 (must be received by Carole Otto by this date)*  
*(Clergy Couples share the \$300 incentive and may split this 50/50)*
  - d. HealthFlex payment from local church \$ 12,974.00
  - e. Other Denomination Health Insurance Cost (if applicable) \_\_\_\_\_

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- f. Additional HealthFlex payment from Local Church  
*(if the church chooses to pay more than 85%)* \_\_\_\_\_
- g. HealthFlex Medical Reimbursement Account election  
*Pastor must, in addition to indicating the amount on this form, make the election during GBOPHB’s open enrollment period in November.* \_\_\_\_\_
- h. \*Other Church-Paid Health Insurance (describe \_\_\_\_\_)  
*(e.g. retired HealthFlex, health insurance for part-time/student pastors)* \_\_\_\_\_
- i. \*Other Church-Paid Benefits (describe \_\_\_\_\_)  
*(e.g. dental insurance)* \_\_\_\_\_
- j. HealthFlex Dependent Care Account  
*Pastor must, in addition to indicating the amount on this form, make the election during GBOPHB’s open enrollment period in November.* \_\_\_\_\_
- k. \*Other Church-Paid Benefit AFTER tax (describe \_\_\_\_\_)  
*(e.g. disability insurance)* \_\_\_\_\_

8. **Housing Items**

- a. Housing Allowance (if no parsonage provided) \_\_\_\_\_
- b. Housing Exclusion (MUST be included in Gross Salary in Item 6A.)  
*(This amount should accurately reflect expenses for utilities, furnishings, etc. paid by the pastor. Utilities paid directly to a utility company by a church may not be expensed by the pastor.)* \_\_\_\_\_
- c. Utilities paid by the Church(es) (Included in taxable income)  
*(If paid to the pastor as an allowance, must be included in the Gross Salary.)* \_\_\_\_\_
- d. Total budgeted for Parsonage Maintenance  
*(This amount is not included in the salary total.)* \_\_\_\_\_

9. **Work Expense Items**

- a. Travel Allowance Plans (enter a value ONLY in a, b, or c.  
*(The current minimum is \$5,500 (10,000 miles) based on the 2009 IRS rate of 55 cents/mile. The 2010 IRS rate should be set in December 2009)*
  - i. IRS Rate/Mile, Unlimited Reimbursement, Estimate \_\_\_\_\_
  - ii. IRS Rate/Mile, with a Cap on the annual amount \_\_\_\_\_
  - iii. IRS Rate/Mile, Fixed Amount per year (Included in taxable income) \_\_\_\_\_
- b. Continuing Education (minimum \$400) \_\_\_\_\_
- c. Other Professional Reimbursement Expenses from Church \_\_\_\_\_

10. **Personal Investment Plan**

- a. UMPIP contribution, Before Tax \_\_\_\_\_
- b. UMPIP contribution, After Tax \_\_\_\_\_

*The Nebraska Annual Conference is not engaged in providing legal or accounting services.  
The service of a competent professional should be sought for legal and tax advice.*

\*Must be included in Gross Salary